

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Tarara et al.	Group No: 1618
Application No: 10/750,934	Examiner: Schlientz, Leah H
Confirmation No: 1899	Attorney Docket No: 53279-US-CNT (NV.0101.00)
Filed: December 31, 2003	
Title: PHARMACEUTICAL FORMULATION WITH AN INSOLUBLE ACTIVE AGENT	January 25, 2010 San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b>		
<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
<b>Via EFS</b>  <input checked="" type="checkbox"/> <b>Appeal Brief</b> <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	<b>Extension (Months)</b>	<b>Extension Fee</b>	
		Large Entity	Small Entity
		<input type="checkbox"/> One Month <input checked="" type="checkbox"/> Two Months <input type="checkbox"/> Three Months	\$130.00 \$490.00 \$1,110.00
	<b>Total \$ 490.00</b>		
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

<b>Fees for Extra Claims</b>						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	<b>Rate</b>		<b>Additional Fee</b>
				Large Entity	Small Entity	
Total Claims	29	102	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	7	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
						<b>Total \$ 0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>
Extension Fees	\$ 490.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Notice of Appeal	\$ 540.00	
<b>Total</b>	<b>\$1,030.00</b>	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$1030.00.		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically submitted via EFS on the date shown below:</p> <p>By: <u>Melanie Hitchcock</u> Date: <u>January 25, 2010</u>          Melanie Hitchcock</p> <p>By: <u>Guy V. Tucker</u> Date: <u>January 25, 2010</u>          Guy V. Tucker          Registration No. 45,302</p>		